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shifting their cultivation from year to year to new patches of land, grass has been prevented from getting any firm hold on the denuded hill-sides. Only on the slopes of the plateau (which are too steep for cultivation) and in a few isolated Government reserves, does the forest flourish in its virgin beauty.

West of Dodabetta, however, the Badagas are more rare; hardly a field or a village (except the little clusters of huts belonging to the pastoral Todas) is to be seen. (Francis 1908: 3-4)

Let us then see how, against this backdrop, several hundred Badaga therapists have over the centuries developed a unique medical adaptation to a unique tropical montane environment.

Badaga Medical History

1.5. The history of health care among the Badagas is entirely speculative. Nonetheless the history of the community itself is clear enough, and on this framework (Hockings 1979a) we can at least postulate three phases in the development of Badaga therapy (1.5-1.8). This sketch may later prove inadequate, for it is largely guesswork, but heuristically necessary for our understanding of problems connected with the elaboration of a specifically Badaga montane curative system from its roots in a very different equatorial environment at a much lower elevation.

The first phase began after the year 1565 with the fall of the Vijayanagar Empire. It was this political act and the associated Muslim invasion that impelled the initial Badaga refugees to leave the plains of Mysore District and settle on the much higher Nilgiri Massif immediately to the south. These people were a mere fortuitous selection of one or two hundred from those who made up the vast genetic pools of the Mysore castes; but after settling on the hills their patterns of intermarriage were such that they became more like another isolate. Despite a preference for endogamy, though, their pool was repeatedly augmented by the arrival of occasional new settlers from the Mysore Plains who were accepted into the growing Badaga community.

A century or so after these first settlers arrived, some refugees forming the Kaṇakka clan also came to the Nilgiris. Their special importance lay in the fact that until the mid-nineteenth century the Kaṇakkas were the only Badagas who were somewhat literate. As

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one aspect of their presumed "familiarity with learning," if we may call it that, they gained a reputation as exorcists and curers. Today some among the couple of thousand Kaṇakkas still practise these crafts, although they no longer hold a monopoly among the Badagas. (My chief medical informant, K. Sithamma, was born in a Kaṇakka family in 1891.)

1.6. During the seventeenth to nineteenth centuries the Badaga community increased from a reported three villages in 1603 to nearly 370 villages a century ago. This expansion, marking the second phase, encompassed some developments of importance to the history of Badaga therapy. The community was faced with the problem of adapting to a new geographic and social environment, and clearly succeeded in doing so. We may presume that natural selection helped the population build up a genetic resistance to whatever montane illnesses had not previously affected the people when they were living in Mysore; and that some lowland disease organisms were no longer able to survive at the new elevation, either because it was too high and cold for their animal hosts, or else because the hosts among the scattered and tiny human population died off without transferring these organisms to new hosts, or more probably because when the density of population was very low infection by particular diseases summoned forth antibodies or other disease-resistant aptitudes, which protected their descendants from any further infection by those diseases. As the settlements expanded the increasing numbers of people permitted greater transference of disease organisms and called for greater amounts of health care; but at the same time these settlements, located in most parts of the Nilgiri Massif within a zone that lay between 4000 and 7300 feet of elevation, gave people opportunities to select the more healthy residential sites, to explore the micro-environmental differences in the area, and most importantly to discover medicinal uses for dozens of new species of plants that were in many instances confined to the Massif (see Trilingual Index). We may presume that the pharmacological uses of local plants were discovered by Badaga women who worked as goatherds and men working as cowherds, by closely observing the feeding habits of their animals. Geza Roheim has made a similar observation on the control that Australian Aboriginal women have over the medicinal use of plants which they are responsible for gathering. While it is true that Badagas did not keep

757 then dropped into gingelly oil, which boils. The material is later taken out and is powdery. About a quarter teaspoonful of this is swallowed and the child will improve.

[164] If however the stomach is extremely swollen and the legs thin, this is because of a *ka:male*. The treatment is then to burn the child's stomach with a piece of glowing iron or charcoal (cf. 7.9). INFECTIVE HEPATITIS (*bara ka:male*)

164 Chicken-pox, a common childhood disease, is also discussed later (7.2), along with the other diseases that are believed to be inflicted by goddesses.

278 757 5.38. Rue is used as a medicine for children's fever. "Even the aroma from the leaves tied in bundles and hung inside the house is said to be effective in allaying fever" (Krishnamurthi 1953 : 144).

5.39. Fenugreek is soaked, crushed, and rolled with a little water into balls : these used to be fed to young children who were lean or suffering from "consumption." PHTHISIS (*so:gano:*)

828 755 757 5.40. When a small child falls down and is frightened, the mother immediately picks up a piece of mud from that very place and touches it to the tip of the child's tongue. This stops the child from being afraid of falling. If a child has been otherwise frightened it must immediately be covered with a blanket and given a steam bath under it, by means of water which an adult pours onto a red-hot knife blade being held under the blanket. FRIGHT (*anjike*)

•756 755 828 5.41. Generally it is an old man who knows therapeutic spells, and these are only used to cure children who are feverish and frightened; their symptoms being that they are afraid of the dark, crying at night, having nightmares, or not eating properly. A suffering child is taken to the therapist very early in the morning, since the spells have to be said before the child eats. If the therapist lives a long way from the child, he will

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visit the child's home instead. The man bathes himself, puts on clean clothes, and then sits facing the child, the therapist being on the west side and the child to his east. If the child is restive some old lady holds it. That morning before sunrise, and before any water has been brought to the house, a woman, who must be in a pure state, brings a full pot of water there: it must be from a spring. On the way back with it the woman puts three, five, seven, nine or 11 dead-nettle flowers and three pieces of Bermuda grass into the water. The therapist now picks out the grass and stirs it around in the water while he says the spells. Then he splashes the water from the grass into the child's face, and the child is of course startled. This is done three times, and after the third splashing the child must immediately be moved away to some other spot. He is then made to drink a little of the water from the pot; and the flowers are taken out of it and placed on the child's head. The pot is then carried away and the water poured out in a place where no one will walk.

This is the usual treatment for children aged three to ten. As unweaned infants cannot easily drink the water another procedure is followed with them. The mother brings her baby to the therapist early in the morning. He unties one end of his turban while the rest of it stays on his head, and flicks this end into the child's face as he says the spells. As an alternative to using the turban a twig with three or four leaves on it can be waved in the baby's face as the therapist says the spells.

It is believed that evil spirits may enter a child's body while he is startled or frightened. A therapist can drive such a spirit out by startling the child again. It is probably for this reason that the procedures just described (5.40, 5.41) are followed through (they do not however work with adults). The therapist, usually a man, also says a spell

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which states roughly: "If any bad or evil spirit is in the body, it must go away."

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task, and does not put it on again till she has bathed herself at the end of the pollution period.

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Today each cluster of villages (i.e. Panchayat Board) has one trained nurse and two or three midwives appointed by the State Government. The later are just experienced Badaga midwives with no formal training who happen to have been recommended for the position.

Exorcists and Shamans

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10.7. Badaga exorcists are always male, and are very few in number. As often as not Badagas' ghosts have to be exorcized by non-Badaga exorcists. These men may also have lesser therapeutic skills, such as making talismans to ward off fevers and evil influences from the children who wear them. The idiosyncratic nature of exorcism is sufficiently indicated by the examples in Chapter 8 and calls for no further elaboration here.

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The most feared *mantrava:dis* (shamans) in the Nilgiris were members of the Kurumba tribe, one of whom might be "called in on all occasions of blight and murrain to propitiate or scare the demon of disease"—if such there be (Breeks 1873: 53). Though this may still occasionally happen, I find no record of Kurumbas acting as exorcists to the Badagas, even though they did offer much supernatural protection to them from the sorcery of other malicious Kurumbas ; and they do sometimes try to cure the sick. Thus, "In 1891, the inmates of a single Kurumba but were said to have been murdered, and the hut burnt to ashes, because one of the family had been treating a sick Badaga child, and failed to cure it.... Again, in 1900, a whole family of Kurumbas were murdered, of which the head, who had a reputation as a medicine man, was believed to have brought disease and death into a Badaga village." (Thurston 1912: 233-34 ; also 1909 : 86). The Badagas were never so brutal with their own therapists, but the latter never seemed to be holding the threat of sorcery over the heads of their fellows. The worst that an unpopular therapist might have to suffer would be the mockery of an appropriate proverb; for instance, "He has healed others, but cannot cure himself" (Metz 1864 :95), or "It is half bad if you do something [wrong] when you know about it; entirely bad if you do it when you are ignorant."

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